

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

PROVED
AND
FILED

1995 MAR 14 AM 11:56

DOCUMENT # 434193

(9)

1. Corporation Name

IMPERIAL HOMES CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1800 WEST LOOP SO
BOX 2863
HOUSTON TX 77252

Mailing Address

1800 WEST LOOP SO
BOX 2863
HOUSTON TX 77252

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/31/1973

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1556108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	RICHARD G. SLAUGHTER
STREET ADDRESS	1800 W. LOOP SOUTH
CITY-ST-ZIP	HOUSTON TX
TITLE	VAS
NAME	STEVEN E. LANE
STREET ADDRESS	1800 W. LOOP SOUTH
CITY-ST-ZIP	HOUSTON TX
TITLE	VS
NAME	THOMAS A. NAPOLI
STREET ADDRESS	1800 WEST LOOP SOUTH
CITY-ST-ZIP	HOUSTON TX
TITLE	DVA
NAME	CHESTER P. SADOWSKI
STREET ADDRESS	1800 WEST LOOP SOUTH
CITY-ST-ZIP	HOUSTON TX
TITLE	VTAS
NAME	GARY L. FRUEH
STREET ADDRESS	1800 WEST LOOP SOUTH
CITY-ST-ZIP	HOUSTON TX
TITLE	S
NAME	THOMAS A. NAPOLI
STREET ADDRESS	1800 WEST LOOP SOUTH
CITY-ST-ZIP	HOUSTON TX

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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AMOUNT 200.00 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95

713/877-2311

Date

Myline Phone #